

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 38

STATE FILE NUMBER

63-047603

FILED JAN 2 1964

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) Owensville		Length of stay in 1b 2 1/2 yrs.	c. CITY OR TOWN Owensville
c. FULL NAME OF (If NOT in hospital, give location) Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Owensville
3. NAME OF DECEASED (Type or print) George William Koepke		4. DATE OF DEATH December 25, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-6-1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	9. AGE (last birthday) 60
13a. FATHER'S NAME Gustave Koepke		13b. MOTHER'S MAIDEN NAME Margaret Lehnhoff	14. NAME OF HUSBAND OR WIFE Hattie Bunner Koepke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ***	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		11. BIRTHPLACE (City and state or country) Bem, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		17. INFORMANT Mrs. Hattie Koepke Owensville, Mo.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Owensville, Mo.		20g. COUNTY Gasconade STATE Missouri	
21. I attended the deceased from 12-25-63 to 12-25-63 and last saw him alive on 12-25-63 Death occurred at 4:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hattie Bunner Koepke		22b. ADDRESS Owensville, Mo.	
22c. DATE SIGNED 12-26-63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 12-29-1963		23c. NAME OF CEMETERY OR CREMATORY City Cemetery	
23d. LOCATION (City, town, or county) Owensville, Mo.		23e. DATE RECD. BY LOCAL REG. December 28, 1963	
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home		25. REGISTRAR'S SIGNATURE Mrs. Maurine Gappmeyer	
26. ADDRESS Owensville, Mo.			

JAN 3 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Myself H H Winter

Licensed Embalmer No.

3838

P. O. Address

OWENSVILLE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.